AGRAS T-16 ACCIDENT REPORTING FORM

Please complete both sides of this form

Date/Time: _____ Location: _____

UAS: _____ UAV Registration #:_____

Pilot-in-command: _____ _____ _____

Person manipulating controls: _____

Visual observer/s: _____

Total mission flight time: _____ Total UAV hours at time of crash:_____

UAS in-service: Yes __ No__ FAA Notified: Yes __ No__ Date & Time_____

Description of crash:

_____

_____

_____

Damage sustained to UAS:

_____

_____

_____

Estimated cost to repair/replace UAS: $_____

Cost to Repair Item UAS hit/Damaged: $_____

Personal Injury to Individual: YES   No   How Many Injured: _____

Description of Injuries:

_____

_____

_____

_____

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Please complete both sides of this form

FAA/NTSB Notified in Excess of $500 to Items/Injury to a Person: YES   NO

DATE & TIME FAA/NTSB NOTIFIED: _____

Crash investigated by: _____   Date: _____

Cause of crash determination: Yes __ No __

Crash investigator comments: _____

_____

_____

_____

Signature: _____Pilot-in-command

Signature: _____Visual Observer